•	Change in Company's premium or re	ate level produced by rate revision effect	ive February 1, 2008
	(1)	(2)	(3)
	Сочетаде	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
_	Commercial		
2.	Automobile Physical Damage		
	Private Passenger Commercial		
3.	Liability Other Than Auto		
<i>3</i> . 4.	Burglary and Theft		
۶. 5.	Glass	\$0	-4.8%
6.	Fidelity	40	
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$97,000	-20.7%
10.	Extended Coverage	\$31,000	-0.8%
11.	Inland Marine		***************************************
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Special Causes of	\$67,000	-4.8%
	Loss		
	Line of Insurance		
		vs rates of an advisory organization, spec costs adjusted by our revised loss	
			<u> </u>
* Ch	00	P INSURANCE ILLINOIS/IDEPR 1 6 2007 A In	merican Hardware Mutual Isurance Company Name of Company
	į	GFIELD, ILLINOIS	

Michael Wiseman, FCAS,

Official - Title

Treasurer



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 05/01/2008 _____.

revision effective U5/U1/2	008	•
(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
Coverage	volume (IIIIIois)"	change (+ OI /
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		····
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		·
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail	····	
15. Other Comm. General Lia.	7,278,178	-8.0%
Line of Insurance	7,270,170	
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization	filing follows rates of a	n advisory 07-BGL1 loss cost
revision		
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	vel which will	
	Bituminous Casualty C	orporation
	Name of Compa	
		-

Dan Trotter - Director - Rate Development & Filings
Official - Title

H29219D

Change in Company's	premium or	rate leve	1 produced	by	rate
revision effective					

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto	·	
4. Burglary and Theft 5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery	<u> </u>	
9. Fire		
10. Extended Coverage		
11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Comm. Fire & Allied	768,247	-15.0%
Line of Insurance	700,217	
Does filing only apply to certain	territory (territories)or	certain classes?
If so, specify: No		
Brief description of filing. (If organization, specify organization		
	Bituminous Fire and M	
		adopt ISO's CF-2007-
		ion with a May 1, 2008,
		s filing will apply to
	dates on or after May	ousiness with effective
	dates on or arter may	7 1, 2008.
* Adjusted to reflect all prior : ** Change in Company's premium lev	cate changes.	
result from application of new		
SURANCE		
OLON OF INSURIDEPR		
IVISIONE		
	Bituminous Casualty Co	
OCT 25 ZUO	Name of Compan	ny
SPRINGFIELD, ILLINOIS Dan Tro	them Diverten Date	Dovoloment & Pili
Dan Tro	cter - pirector - Rate 1	Development & Filings
	Official - Tit	

Change in Company's premium or rate level produced by rate revision effective 05/01/2008

(1)	(2)	(3)
	Annual Premium	Percent
Coverage	Volume (Illinois)*	Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity	 	
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Comm. Fire & Allied	287,676	-15.0%
Line of Insurance		
Does filing only apply to certain	territory (territories)or	certain classes?
If so, specify: No	• • • • • • • • • • • • • • • • • • • •	

If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Bituminous Casualty Corporation and Bituminous Fire and Marine Insurance Company are filing to adopt ISO's CF-2007-RLA1 loss cost revision with a May 1, 2008, effective date. This filing will apply to all new and renewal business with effective dates on or after May 1, 2008.

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

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HISPAINGFIELD, ILLINOIS

Bituminous Fire and Marine Insurance Company

Name of Company

Dan Trotter - Director - Rate Development & Filings
Official - Title

Form (RF-3)

SUMMARY SHEET

OCT 25 2007

SPRINGFIELD, ILLINOIS

Change in Company's premium revision effective 05/01/2	m or rate level produced by	y rate NINGFIELD, ILL
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	<u>Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Comm. General Lia. Line of Insurance	35,590	-8.0%
Does filing only apply to certain If so, specify: No	territory (territories)or	certain classes?
Brief description of filing. (If organization, specify organization	filing follows rates of an	n advisory 7-BGL1 loss cost

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

Bituminous Fire and Marine Insurance Company
Name of Company

Dan Trotter - Director - Rate Development & Filings
Official - Title

H29219D

revision

Form (RF-3)

		or rate level produced by rate revision Business and 11-10-2007 Renewal Busines	ss
	9-18-2007	40)	(2)
	(1)	(2)	(3) Percent
	0	Annual Premium	Change (+ or -)**
	Coverage	Volume (Illinois)*	Change (+ or -)
1,	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
3. 10.	Extended Coverage		
10. 11.	Inland Marine		
11. 12.			
13.			
14.	•	down \$39,969	-39.60%
15.	Other: Equipment Break	.down	-39.0076
	Line of Insurance		
Doe	s filing only apply to certain territo	ory(ies) or certain classes? No	
lf sc	o, specify:		
	· · · · · · · · · · · · · · · · · · ·		
Brie	f description of filing. (If filing folk	ows rates of an advisory	
orga	anization, specify organization):	Filing changes to our rates and	rules. Enhancing our
Pro	perty Plus coverages, revising and	d enhancing Equipment Breakdown Covera	ge resulting in a rate
		cy Provisions and revising terrorism manua	
_			
*	Adjusted to reflect all prior rate	changes.	
**		level which will result from application of	
	new rates		
	DIVISION OF IN	SURANCE	
	I STATE OF ILLING	DIS/IDEPR I	
	RECE	₩ E D State Automobile &	Mutual Insurance Company
	1 050.00		
	SEP 2 8	ZUU/ Name	of Company
		r	Hartwell, AU
	SPRINGFIELD.		sor, State Filings
	1	Offi	cial - Title

Form (RF-3)

	Change in Company's premium or rate level produced by rate revision effective: 09-01-2007 New Business and 11-10-2007 Renewal Business			
	onconvo.	9-18-2007	ind 11 10 2001 Kanawai Edomood	
		(1)	(2)	(3)
		(1)	Annual Premium	Percent
		0		Change (+ or -)**
		Coverage	Volume (Illinois)*	Change (+ or -)
1.	Automobile	-		
	Private Pas			
	Commercia	al		
2.	Automobile	Physical Damage		
	Private Pas	ssenger		
	Commercia	al		
3.	Liability Otl	her Than Auto		
4.	Burglary ar			
5.	Glass			
6.	Fidelity			
7.	Surety			
	-	B. darabinan.		
8.	Boiler and	wacninery		
9.	Fire	_		
10.	Extended (•		
11.	Inland Mar			
12.	Homeowne			
13.	Commercia	al Multi-Peril		
14.	Crop Hail			
15.	Other:	Equipment Breakdown	\$95,060	-39.60%
		Line of Insurance	_	
Doe	s filing only	apply to certain territory(ies) or c	ertain classes? No	
	, specify:			
				· ·
			•	
				· · · · · · · · · · · · · · · · · · ·
Rrie	f description	of filing. (If filing follows rates o	f an advisory	
		ecify organization):	Filing changes to our rates and rule	es Enhancing our
		· · ·	g Equipment Breakdown Coverage r	
			ns and revising terrorism manual.	
deci	rease, miliou	ucing Special vacancy Provision	is and revising terrorism manual.	
_	A 45			
		reflect all prior rate changes.		
**	•	Company's premium level which	n will result from application of	
	new rates.			
			State Auto Property & Cas	ualty Insurance Company
	ſ	DIVISION OF INSURANCE	Name of C	
	į	DIVISION OF INSUIDEPR	1	•
	ľ	RECEIVED	Kathy Har	twell. AU
	į	200 2007	Supervisor, S	
		SEP 2 8 2007	Official -	
		5	i Olliciai -	TIGO

SPRINGFIELD. ILLINOIS



Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective $\underbrace{\text{October 1, 2007}}$.

	(1)	(2) Annual Premium	(3) Percent
	Coverage	<pre>Volume (Illinois)*</pre>	Change (+ or -) **
	le Liability e Passenger cial		
Privat Commer			
3. Liabilit 4. Burglary	y Other Than Auto		
5. Glass	and more		
6. Fidelity 7. Surety		-	
	nd Machinery		
9. Fire 10. Extended	Coverage		
11. Inland M	_		
12. Homeowne	_ -		
13. Commerci 14. Crop Hai	al Multi-Peril		
	ommercial Umbrella	138,163	-7.2%
	Line of Insurance		
Does filing If so, speci		in territory (territories)or	certain classes?
		<pre>If filing follows rates of ar ion): This rate level change</pre>	
		and minimum premium requirement of this f	
		1 10 1000	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

TRANSGUARD INSURANCE COMPANY OF AMERICA, INC. Name of Company

DIVISION OF INSURANCE STATE OF ILLINOISIDERS RECEIVED

Lawrence A. Writt , Senior Vice President Official - Title

OCT 0 1 2007

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INS00106

SPRINGFIELD, ILLINOIS

OCT 1 8 2007 SPRINGFIELD, ILLINOIS

Official - Title

Compliance

Form (RF-3)

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent Change (1 oz.)**
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	· ·	
6.	Fidelity		
7. 8.	Surety Boiler and Machinery		
o. 9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	•	.
14.	Crop Hail		
15.	Other Renters	36,720	+19.6%
	Line of Insurance		
	filing only apply to certain territors affects all territories and classes	ry (territories) or certain classes? If so, s	specify:
Brief Revis * A ** C		el which will	specify organization):

H29219D

I	Change in Company's premium or rate level produced by rate revision effective			01-01-08 New 03-15-08 Renewal
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		obile Liability e Passenger percial		
2.		obile Physical Damage e Passenger ercial		
3.		y Other Than Auto		
4.		y and Theft		
5.	Glass			
6.	Fidelity			
7.	Surety			
8.		and Machinery		
9.	Fire		****	
10.		ed Coverage		
11.	Inland N			
12.	Homeov			
13.		ercial Multi-Peril		
14.	Crop Ha			
15.	Other	Farmowners	3,160,386 (2006 Page 14)	+4.7%
		Line of Insurance		
Does 1	filing only	apply to certain territory (t	territories) or certain classes? If so, specify	:
		· · · · · · · · · · · · · · · · · · ·		
Larg	e deductib	le relativities reduced, Dw	rs rates of an advisory organization, specify elling (Cov A and Cov C) base premiums v	vere increased 10%, Farm
			e E, Farm Property NOC and Livestock NO	OC, broad rates & relativities were
chan	ged to mat	ch equine changes and Co	verage H was increased 15%.	

- * Adjusted to reflect all prior rate changes.
- ** Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

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SPRINGFIELD, ILLINOIS

Westfield Insurance Company
Name of Company

Susan Watson, Production Specialist
Official - Title

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